



CLIENT INTAKE FORM

Last name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ Phone Number: _____

Email Address: _____

Resides with (Check One):

- Alone
- Parents
- Significant Other
- Significant Other & Children
- Children Only
- Other Adults
- Other Adults & Children
- Homeless

Relationship Status (Check One):

- Single
- Married
- Cohabiting
- Separated
- Divorced
- Widowed

Race ethnicity: _____ Highest Grade Completed: _____

Employed (Circle One): Yes or No Occupation: _____ Gross Monthly Inc: _____

Primary Source of income:

- None
- Wages/Salary
- Family/Friends
- Public Assistance
- Retirement/Pension
- Disability
- Other

Military Status:

- None
- Served in Armed Forces
- In reserves
- Active Duty

How many times have you been arrested in the past 12 months? _____ Arrested for: _____

How many times have you been arrested/cited prior to the last 12 months: _____

What were you arrested for? _____

Have you attended NA/AA in the past 30 days (Circle One)? Yes or No

Do you use tobacco (Circle One)? Yes or No

DAILY use (Circle One): NA/No Use Less than 1/2 pack 1/2 to less than 1 pack 1-2 Packs 2+ Packs

Why are you here today (in your own words)?

Who referred you to our office? _____ Date: _____